

Goals 1 and 2 are extracted with some modification from the DRAFT 2007 Substance Abuse Prevention and Treatment Block Grant application currently being prepared for transmission to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These Goals are published here to provide information about the future development of programs and services for substance abuse treatment and prevention. Interested parties may provide positive comment and/or suggestions for improvement by contacting Ed Zborower at (602) 364-4607, or via e-mail at [zborowe@azdhs.gov](mailto:zborowe@azdhs.gov). Those interested in reviewing the entire application as it develops can contact Ed Zborower for a DRAFT copy, or access to the Internet-based application software may be provided.

**GOAL # 1. -- The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).**

**Organization.** The Arizona Department of Health Services/Division of Behavioral Health (ADHS/DBHS) administers statewide behavioral health programs and services for children, adults and their families. Behavioral health services are inclusive of treatment services and supports for mental health and substance abuse conditions, as well as primary prevention programs for persons not in need of treatment. ADHS/DBHS contracts with regional behavioral health authorities (RBHAs) to administer integrated managed care delivery systems in specific geographic service areas (GSAs). For FY 2004, regional managed care vendors for substance abuse services included five RBHAs.

GSA	Service Area (County)	Vendor
#3	Graham, Greenlee, Santa Cruz, Cochise	Community Partnership of So. Az.
#6	Maricopa	ValueOptions
#5	Pima	Community Partnership of So. Az.
#1	Coconino, Apache, Navajo, Mohave	
	Yavapai	Northern Az. Behavioral Health
#4	Pinal, Gila	Pinal Gila Behavioral Health
#2	La Paz, Yuma	Excel Group

Note: Effective July 1, 2005, **Cenpatico BHS** assumed the ADHS Regional Behavioral Health Authority responsibility for GSA's 4 and 2.

Within the ADHS/DBHS, the Bureau for Substance Abuse Treatment and Prevention Services (BSTAP), in 2004, was responsible for fiscal and programmatic oversight, monitoring and technical assistance/training for substance abuse service delivery, including compliance requirements of the SAPT Block Grant.

**Funding/Eligibility Groups.** ADHS/DBHS administers a unified behavioral health system using funds from various federal, state and local sources including:

- The state Medicaid agency (Arizona Health Care Cost Containment System, or AHCCCS) contracts with ADHS to administer the behavioral health benefit package for Title XIX and Title XXI acute care members.
- ADHS/DBHS administers Non-TXIX treatment services and prevention programs funded through the Substance Abuse Prevention and Treatment Block Grant and state appropriated funds.
- ADHS/DBHS administers other Non-Title XIX state and local funding for substance abuse services including:
  - Funds from Maricopa County and the City of Phoenix to maintain and operate substance abuse crisis stabilization and detoxification services including ambulance patrol.
  - Funds from the Arizona Department of Corrections to provide expedited access to substance abuse treatment for offenders leaving prison and re-entering the community through the Correctional Officer/Offender Liaison (COOL) program. In Maricopa County, the COOL program includes temporary housing.
  - For the year ending June 30, 2004, State Incentive Grant funds for exemplary prevention programs through an agreement with the Arizona Office of the Governor.

Title XIX/XXI members are entitled to all medically necessary substance abuse and behavioral health services. Non-Title XIX/XXI members, funded through the SAPT block grant, state appropriations and local resources, receive all medically necessary covered services based on available funding and priority population status (e.g. pregnant women).

**Services.** ADHS/DBHS administers a comprehensive menu of covered services for treatment, support/preventive care and emergency and crisis response. All covered services are available to individuals and families with substance abuse conditions, based on Title XIX/XXI eligibility and available funding for Non-Title XIX members.

<u>Covered Service Category</u>	<u>Covered Procedures/Services</u>
Treatment Services	Individual, Family, Group Counseling Consultation, Assessment, Special Testing Other (auricular acupuncture, traditional healers)
Rehabilitative Services	Living Skills Training, Cognitive Rehab, Health Promotion, Supported Employment
Medical Services	Medication, Methadone/LAAM Lab, Radiology, Medical Imaging Medical Management (Nursing Services) ECT
Support Services	Case Management, Personal Assistance Family Support, Peer Support Therapeutic Foster Care, Respite Care

	Housing Support, Transportation Interpreter Services, Flex Fund Services
Crisis Intervention	Mobil Crisis Teams Telephone Crisis Crisis Services (professional)
Inpatient Services	Hospital Level 1 Subacute (psychiatric, detoxification) Level 1 Residential Treatment Center
Residential Services	Level II, III Behavioral Health Residential Room and Board
Behavioral Health Day Programs	Supervised, Therapeutic, Medical Day
Prevention	Services for persons, who do not need treatment, designed to affect knowledge, attitude or behavior

**Providers.** ADHS/DBHS requires that behavioral health provider agencies be appropriately licensed for behavioral health service delivery and registered with AHCCCS to deliver services for the TXIX/XXI member population. Provider types include Level 1 inpatient, residential facilities and outpatient clinics. A special provider type, Rural Substance Abuse Transitional Center, provides social model crisis support with referrals to local acute care hospitals for intoxicated persons in areas defined as “rural” according to the U.S. Census. The TXIX/XXI program covers this service. A second special provider type, a Community Service Agency (CSA), is an organization certified by ADHS/DBHS and registered directly with AHCCCS in lieu of a behavioral health license. CSAs deliver family/peer supports, respite and other support services based upon referrals from a member’s treatment team. Prevention programs are delivered both through licensed behavioral health agencies, CSAs and other community organizations.

### **State Level Continuum of Care**

Arizona is challenged by the diversity of its regions and peoples in delivering substance abuse services. Areas such as Phoenix, Tucson, Yuma, Prescott and Flagstaff are among the fastest growing population centers in the U.S. today, while the vast majority of state land continues to be isolated, rural communities with insignificant growth rates and large stretches of national forest and reservation lands. Geographic accessibility to services and retention of a qualified treatment workforce are major gaps in the continuum within Arizona’s rural regions. An additional statewide challenge is posed by the rapid growth of the Hispanic population eligible for Medicaid and the State Children’s Health Insurance Program (SCHIP) services: the statewide Hispanic population eligible for Medicaid is 44%, while 26% of T19/21 enrolled with DBHS are

Hispanic. Access to a bilingual, bicultural workforce continues to pose one of the greatest challenges to the state behavioral health system over the next 10 years.

Within ADHS/DBHS, the Bureau for Substance Abuse Treatment and Prevention Services (BSATP) has a reputation for pro-active involvement in reducing barriers to care and improving the quality of substance abuse treatment services available to citizens of Arizona. The BSATP has launched several system improvement initiatives designed to build capacity of critical treatment and recovery support services. Since 1999, the BSATP has worked collaboratively with mental health providers to improve delivery of services for persons with co-occurring disorders. During 2004, this initiative was extended into the criminal justice system through Arizona's participation in the National Policy Academy on Co-Occurring Disorders. The BSATP initiated a review of the statewide continuum of detoxification services in 2003 that continues as a state network development priority for 2007 under a one-time state appropriation for infrastructure funding to support expansion of detoxification facilities in rural and tribal areas of the state. The Methamphetamine Centers of Excellence pilot project, begun in 2005, has three participating programs that incorporate science based practices designed to improve the scope and success of treatment over traditional treatment opportunities. Finally, the BSATP is continuing several pilots launched during 2004 to develop Peer Support services in substance abuse treatment settings across the state and to establish recovery-focused transitional housing with supports as an alternative to residential substance abuse treatment. While results are encouraging, incorporation of substance abuse Peer Support workers has not been universally successful in all Arizona regions. Supported Housing for substance abuse consumers remains a critical recovery gap.

### **Local Continuum Of Care:**

**The Community Partnership of Southern Arizona (CPSA)** serves Pima County (Tucson) and rural southeastern Arizona. CPSA contracts for service delivery programs as follows: education; outpatient; intensive outpatient; residential, including gender-specific treatment for women and their children; residential detoxification, including medically monitored, and clinically managed (or social detoxification), as well as opioid treatment programming that administers methadone and buprenorphine. The Haven and CODAC's Las Amigas program provide residential, gender specific treatment services for pregnant and parenting women and teens. In a recent (2/2006) extension to The Haven's program, they began providing treatment options for Native American women with substance use disorders. Culturally relevant services include healing ceremonies, sweat lodge, talking circle, and smudging ceremonies. To further enhance this program, The Haven provides a six- to eight-bed residential setting called "*Feather Lodge*," which is dedicated for Native American women to experience their recovery within a culturally supportive community. Specialized case management and outpatient services to pregnant women in Pima County and southeastern Arizona are available through Mother-Child Addiction Services (MCAS), as are family education groups and prevention for children while parents are in treatment. Enhancements to the MCAS program include gender-specific treatment and contingency management techniques to encourage retention and group attendance and an evening-group track to promote program accessibility. In November 2005, the Women's Transition Project in Bisbee

began operating a Level II behavioral health residential facility specializing in services to up to nine women and their children. Arizona Families First is a statewide program for providing specialty services for parents of children involved with the Department of Economic Security's Child Protective Services. Each referral is responded to within 4 hours and transmitted to a contracted provider who provides outreach the same day the referral is received. First two, and now three (as of 3/2005) opioid treatment providers see opiate abusers with a comprehensive array of services. As of 2/2005, a methamphetamine center of excellence was developed through the efforts of two existing agencies promoting the use of well-researched practices to attempt the promotion of greater success. In southeastern Arizona, two qualified physicians prescribe buprenorphine. The CPSA region has 28 Level 1 medical detoxification beds (16 in Tucson and 12 in Benson). Social detoxification is also offered at a Level II facility in Benson, and has been added, specifically for stimulant users, to the Compass Health Care facility in Tucson. CPSA has prioritized development of co-occurring competent and enhanced programs, such that all network providers are either dual diagnosis capable or dual diagnosis enhanced. HIV Early Intervention Services are delivered through a single mobile contractor in Pima County and a single network serving outpatient sites in all four counties of southeastern Arizona. In those four counties, health departments currently receive referrals for HIV testing.

**The EXCEL Group.** (Cenpatico now serves southwestern Arizona, a Region formerly served by **The EXCEL Group**. EXCEL continues as a contract agency). Case management was recently added to EXCEL substance abuse treatment, as well as four In-Home Family Support Specialists. EXCEL partnered with a local faith-based organization, the school and a civic organization to serve children of substance abusing parents in an after school program. EXCEL COOL clients generally receive group-counseling services through one of six satellite sites in the two county area. A 10-bed Level II substance abuse residential facility was established in Yuma in 2002. An 8-bed social detoxification program has operated since 1997. Medically monitored detoxification is provided through out-of-region contracts in Phoenix. Women qualifying for specialty treatment for women and children are sent out of region to providers in Phoenix and Tucson. EXCEL also contracts for opiate medication services through one agency in Yuma. Funding for HIV early intervention services is now contracted through Campesinos Sin Fronteras, to provide HIV intervention at substance abuse treatment programs and in the community. While not a formal participant in the State-sponsored Methamphetamine Centers of Excellence (COE) projects, Cenpatico wants to address this growing rural problem and has coordinated training in both GSAs incorporating the same strategies included in the COE projects. Their programs will provide specified treatment geared toward methamphetamine use and assist consumers as they move toward recovery. Cenpatico continues to contract with Yuma Treatment Center for outpatient opiate abuse treatment.

**Northern Arizona Regional Behavioral Health Authority (NARBHA)** serves the five counties of northern Arizona. Overall, NARBHA's region encompasses one half of Arizona, presenting an ongoing service delivery challenge. NARBHA provides basic

outpatient and intensive outpatient groups through 9 local agencies, including the Hopi Tribe. To further extend the reach of treatment services, NARBHA also uses nationally recognized telemedicine, with eighteen sites across the region. NARBHA providers operate 66 Level 1 detoxification beds across the region, with 12 of these beds “flexed” for higher acuity inpatient substance abuse residential treatment. An additional 19 Level II beds in Prescott provide structured substance abuse residential treatment for all NARBHA members. Women in the NARBHA region receive specialized Level II residential placements through two providers located in Phoenix and Tucson. Gender-specific substance abuse group counseling is provided at 6 locations: The Guidance Center in Flagstaff, Verde Valley Guidance Center, Mohave Mental Health Clinic (Kingman and Lake Havasu City), Community Counseling Centers, and West Yavapai Guidance Center. Employment services are available for the Title XIX population only, while childcare and family support is available only for SAPT priority populations. NARBHA contracts for opiate treatment through agencies located in Flagstaff and Mohave County. One substance abuse supported housing program exists near Show Low. HIV Early Intervention Services are provided through local contracts to county public health in Coconino, Yavapai and Mohave counties. During the second half of SFY 2006 a CSAT sponsored technical assistance team examined substance abuse service delivery in northern Arizona, made informal recommendations, and a formal report is expected in the near future.

**PGBHA.(Cenpatico** is now responsible for Pinal and Gila Counties in central Arizona, a Region formerly served by PGBHA until 7/1/2005). Clients must travel out of region to receive methadone services and pregnant women’s Level II residential treatment. However, a new contract (SFY 2006) with New Hope Behavioral Health Services brings closer to the Pinal County line services for opiate abusers that were formerly provided at some distance from GSA 4. One 10-bed residential program in Casa Grande serves consumers from throughout the region. Employment and family support services are provided locally, but childcare and supported housing is not offered. Two contracts continue for 10 detoxification beds located in Maricopa and Pima Counties. HIV Early Intervention Services are delivered by a behavioral health outpatient agency in Apache Junction. While not a formal participant in the State-sponsored Methamphetamine Centers of Excellence (COE) projects, Cenpatico wants to address this growing rural problem and has coordinated training in both GSAs incorporating the same strategies included in the COE projects. Their programs will provide specified treatment geared toward methamphetamine use and assist consumers as they move toward recovery.

**ValueOptions (VO)** serves the sixth largest city in the U.S. and the surrounding communities in Maricopa County using a combination of community-based outpatient, residential and acute care providers. In addition, according to a 2003 Census study, Gilbert, Chandler and Peoria, all part of Maricopa County, were among the fastest growing cities in the U.S. The geographic size of the County, the diversity of the cultures, and the existence of urban, suburban, and rural regions directly affect the type of service delivery needed and require creativity in meeting the needs of individuals and families.

Provider agencies are dispersed throughout the metropolitan and rural areas of the County with the highest concentration in central Phoenix.

ValueOptions operates the single largest behavioral health crisis system in the U.S., comprised of telephone and “warm line” crisis response, crisis mobile teams for adults and children (including specialized Rapid Response Teams for children removed by child protective services and dispatch calls from hospital emergency rooms), alcohol patrol serving the business district of downtown Phoenix, and five Level 1 subacute facilities (3 psychiatric recovery and 2 detoxification).

ValueOptions’ providers are either “dual diagnosis capable” with a primary focus of substance abuse that are capable of working with consumers with stable mental health problems or “dual diagnosis enhanced” to treat consumers who have more unstable co-occurring disorders. In order to strengthen services to individuals with a dual diagnosis co-located substance abuse services expanded to all 23 Direct Care Sites operated by VO. Overall, VO contracts for 32 medical detoxification beds and 23 substance abuse stabilization beds at two facilities in the Valley of the Sun. The network includes 250 adult Level II residential treatment beds, including 120 specialty beds for pregnant/parenting women in facilities that accommodate up to 35 infants and children. In addition, 16 outpatient facilities maintain special treatment programs for women with children. Also, 56 living units in Phoenix are available for women with children.

By years end (SFY 2006), six of seven Comprehensive Service Providers will co-locate with Child Protective Service sites in Maricopa County, thereby increasing competency/capacity to work with children and families, who often have a substance abuse disability, involved with DES Child Protective Services.

Five contracted agencies provide 1,858 methadone slots in Maricopa County. Outpatient family, group and individual counseling is available through 20 substance abuse providers. Five agencies provide employment services for the Title XIX substance abuse population. There are no employment services for non-Title XIX clients. Currently, state-supported childcare maintains a three-month wait list. ValueOptions has successfully operated a pilot transitional housing program offering a limited number of supported housing beds for COOL clients (20). VO has prioritized development of linguistically and culturally appropriate providers located in neighborhoods with high-density indigent, Hispanic populations. HIV Early Intervention Services are provided through a single contractor serving all substance abuse and SMI case management sites in Maricopa County. Ten contracted substance abuse treatment providers have hired approximately 27 peer support specialists to work in various venues towards providing additional assistance to clients.

In addition, a unique informal “network” of four Native American substance abuse agencies deliver residential, outpatient, intensive outpatient and in-home/in-school services for adults and their families using culturally appropriate practices, including sweat lodge, talking circle and traditional healers. One residential facility is a 32-bed specialty program for native women who are pregnant or have young children.

**Gila River Tribal Behavioral Health Authority (TBHA)** serves the Gila River Indian Community, a reservation of 10,000 plus members located southeast of and

bordering the metropolitan Phoenix area. Gila River operates as a staff model case management agency, with contracts for all outpatient, residential and hospital services. Outpatient services are delivered on reservation in home and community settings; more restrictive levels of care, including specialty programs for women with children, are through contracts with providers in Phoenix and Tucson. Gila River also operates a 10-member buprenorphine program through a subcontracted Indian Health Services psychiatrist. HIV Early Intervention Services were developed for the first time during FY 2005. The TBHA is a participant in the 2006 Methamphetamine Centers of Excellence project, currently with 10 active female participants.

## 1. STATE PLANNING

**A. State Structure.** The Arizona Department of Health Services (ADHS) is the state agency responsible for public health education, prevention and treatment. In this capacity, ADHS serves as the Single State Authority (SSA) for the Substance Abuse Performance Partnership Block Grant. ADHS is comprised of several major divisions, the largest of which is the Division of Behavioral Health Services (DBHS). DBHS was established by Arizona Revised Statutes (§ARS 36-3402) as the permanent authority for publicly funded behavioral health services in the state. DBHS is mandated to plan, administer and monitor a comprehensive, regionalized system of prevention, intervention and treatment services for individuals and families. ADHS and DBHS interact with other state agencies through strategic partnerships to improve service delivery for shared clients, including children and adults in the correctional, criminal justice, primary and public health care, education, child welfare and developmental disability systems. ADHS also serves as the behavioral health carve-out for Medicaid funded behavioral health services through a contract with the Arizona Health Care Cost Containment System (AHCCCS). For the purpose of coordination of the SAPT Block Grant, ADHS serves on a cabinet-level planning body chaired by the Governor (see Planning Councils).

Note: In a recent transformation of the organization structure (during SFY 2006, 3<sup>rd</sup> and 4<sup>th</sup> quarters), the former program bureaus for substance abuse, adult SMI services, and children's services were combined to form the "Division of Clinical and Recovery Services". Other modifications in structure and function are ongoing to make the organization hierarchy reflect vital activities, and treatment and prevention philosophy rather than funding streams.

**B. Sub-State Areas.** As noted above, ADHS contracts for regionalized systems of behavioral health services through five Regional Behavioral Health Authorities (RBHAs) and three Tribal Authorities (TBHAs), one of which currently receives funding from the SAPT Block Grant. The remaining 17 tribal communities are served through the RBHA system. T/RBHAs are responsible for planning, contracting, monitoring and delivery of behavioral health services within their region. For the purposes of conducting treatment and prevention needs assessment



studies, the sub-state RBHA structure was followed as closely as possible to ensure development of data with relevance to local planning regions.

**C. Data Collection.** DBHS collects a variety of fiscal, clinical and qualitative data to drive planning and monitor RBHA performance. Routine data collected from the RBHAs include the following: 1) monthly financial reports; 2) admissions, assessments and disenrollment (Client Information System); and 3) claims and encounters (Client Information System). Fund types for behavioral health populations are included in these data streams. Since SFY 2003, the DBHS has conducted ongoing refinements of its data system to consolidate clinical, claims and administrative data and develop the capacity to report performance and outcome measures required by the SAPT Block Grant and the MHSIP project.

In addition to routine data streams, the DBHS collects a variety of deliverables on a quarterly and annual basis. These include: 1) the Quality Management Report, assessing RBHA performance in the areas of timeliness of service and quarterly changes in the provider network; 2) the Provider Network Sufficiency Analysis and Development Plan, an annual deliverable focusing on the sufficiency of RBHA contracted networks to provide all necessary behavioral health services using a logic model based on analysis of multiple data sources. The Plan also includes intended use and network development priorities for the upcoming year; 3) the Annual Prevention Evaluation, which describes current prevention services using research-based strategies and a risk/resiliency factor framework; 4) the Independent Case Review (peer review), a medical record evaluation conducted by an independent contractor using a standardized protocol to assess quality of care; 5) the biennial Consumer Satisfaction Survey.

RBHAs are also required to collect, analyze and monitor planning data, through trending of complaints, grievance/appeals data and provider profiling.

**D. Use of Data in Planning and Resource Allocation.** Data collected by DBHS is used to inform decision-making and monitor the regional systems of care in the following areas: 1) contract compliance; 2) financial audits; 3) profile clients and analyze service delivery costs and trends; 4) analyze the quality of care; 5) assess the sufficiency of RBHA-contracted networks to deliver comprehensive treatment services for TXIX/XXI members and SAPT priority populations. In FFY 2001, the DBHS established Network Analysis and Development Teams comprised of the Bureau Chiefs for Clinical Services to assess data specific to network sufficiency and work closely with individual RBHAs on service expansion needs. The Teams were developed to monitor network sufficiency for implementation of 100% FPL for Medicaid coverage and the comprehensive re-design of the DBHS covered services matrix. In the spring 2006 re-design of the Clinical and Recovery Services division, Network Management and Operations became an identified office with staff dedicated to oversight and management of the network.

DBHS continues to use a comprehensive network sufficiency analysis process, known as the Logic Model, which uses data from multiple sources to determine the sufficiency of provider networks. The Logic Model process combines information from the following sources in a process that tests the ability of networks to meet the needs of entitled individuals: problem resolutions/complaints, grievance/appeals, consumer satisfaction surveys, service utilization by covered service category, appointment standards, and provider network inventory.

Arizona Substance Abuse Needs Assessment data, including the Household Survey, the Tribal Nation Household Survey, the Jail Studies and gaps analysis modeling has been used in conjunction with other special reports to assist in understanding the statewide distribution of need, demand and capacity for substance abuse treatment. These studies generally support the resource allocation formulas used by the DBHS for non-TXIX populations: 1) there is little geographic variation in the prevalence of need for substance abuse treatment (Household Survey); 2) demand for treatment varies most by population size, with denser areas of the state experiencing the highest demand for treatment (Household Survey, Jail Studies); 3) certain high-risk groups do exist, including young adults, women in the NARBHA region (Household Survey) and Tribal Nations (Tribal Study); 4) statewide, treatment capacity is insufficient to meet need identified in the general population. The service needs for special populations targeted in the SAPT Block Grant are addressed through monitoring of RBHA wait lists and targeting new funds, as these are available. Concurrent with expansion of Medicaid eligibility begun in SFY 2001, assessment of provider capacity and network sufficiency to serve entitled individuals became useful planning tools for understanding resource distribution needs.

Data from the Prevention Needs Assessment includes county and RBHA-specific social indicators of risk and resiliency and the Arizona Student Youth Survey. The social indicator for prevention mirror data from the treatment needs assessment and point to high incidence of precursors for behavioral health problems throughout the state. The Student Survey, conducted in collaboration with other state agency partners including the Department of Education, the Arizona Criminal Justice Commission and the Governor's Office, provided detailed county level information on the prevalence of substance use and risk/protective factors in Arizona's public schools. The Office of Prevention conducted multiple community meetings on the Student Survey during SFY 2003, which assisted local jurisdictions in using the information in planning efforts. Since 2005, the Office of Prevention has participated on the Strategic Prevention Framework Epidemiology Work Group established by the Governor's Office.

## 2. STATE AND REGIONAL PLANNING COUNCILS.

**A. State Level Planning.** The Behavioral Health Planning Council is a 30-member community body charged with assisting the DBHS in planning and

administering the public treatment system. The Council's membership includes representatives of mental health services, substance abuse services, consumers, parents and family members, Native Americans and other minority populations, as well as delegates from the RBHAs and several state agencies. The Council is charged with an advocacy and planning role for the behavioral health system and uses five standing committees to carry out the Council's responsibilities.

#### **B. Governor's Level Planning**

The State Practice Subcommittee of the Governor's Resource Management System is an 18-member body composed of representatives from State government, State Universities, and one treatment/prevention provider. The Subcommittee was created to review the effectiveness of programs and practices currently used to prevent or treat substance abuse. In addition, the Arizona Office of the Governor manages the CSAP Strategic Prevention Framework grant and its associated epidemiology work group.

**C. Regional Planning.** As a requirement of their contracts, RBHAs maintained a Community Advisory Board of at least 15 members of which at least three must be family members and two consumers. The Community Boards are required to be reflective of the geographic and ethnic diversity of the region. Boards provide input on allocation and expenditure of behavioral health service funds.

### **3. DBHS PLANNING INITIATIVES.**

**A. DBHS Strategic Plan.** In the spring 2004, DBHS management staff developed a new mission and vision for behavioral health services. The Plan is rooted in local issues facing Arizona's behavioral health system as well as the New Freedom Commission's Final Report on Achieving the Promise: Transforming Mental Health Care in America. The 2005 – 2009 Plan encompass' a number of initiatives for the DBHS, including:

- The reduction of stigma associated with being a behavioral health recipient,
- The active involvement of consumers in monitoring the behavioral health system,
- The development of an individual assessment and plan of care that is uniform throughout the DBHS-contracted behavioral health systems of care,
- The improvement of access to culturally competent care,
- The improvement of access to care in rural and remote areas,
- The expansion and enhancement of detoxification and peer and family support services throughout the State,
- The promotion of excellent service delivery through implementation of best practices.

**C. Other Special Initiatives.** DBHS currently manages two specialty grants for children and young adults: the Child/Adolescent Infrastructure Grant (Center for Mental Health Services) and the Adolescent/Young Adult Substance Abuse Coordination Grant (Center for Substance Abuse Treatment Services). These

grants allow for expanded services and focused network development for young populations in the areas of best practice, network services and improved identification and assessment of substance use disorders.

#### 4. Monitoring to Ensure Link to Need

As detailed throughout the Planning section, DBHS utilizes a variety of routine and special data to establish contract standards for RBHA performance. These standards are subject to sanction and encompass such areas as network sufficiency, submission of assessment data, financial ratios, and timeliness standards among others. DBHS maintains a comprehensive yearlong monitoring process including annual site visits (Administrative Reviews), reports and deliverables and special Network Analysis and Development Teams to ensure that funded programs serve communities and populations with the highest prevalence and need. As of 2005, the Arizona Division of Behavioral Health Services' Evidence Based Practice Committee was established to develop a State-level strategy on implementing best practices that align with goals of recovery, family involvement, and improving outcomes.

#### **FY 2007 (Intended Use):**

##### **Cenpatico Behavioral Health of Arizona**

Introduction: Cenpatico Behavioral Health of Arizona, LLC, under contract with the Arizona Department of Health Services, Department of Behavioral Health Services (ADHS/DBHS) functions as the Regional Behavioral Health Authority (RBHA), and is responsible for the coordination and facilitation of behavioral health and prevention services in Yuma and La Paz Counties (GSA 2), and Pinal and Gila Counties (GSA 4). Cenpatico Behavioral Health of Arizona, LLC (Cenpatico) was established by Cenpatico Behavioral Health, LLC in 2005 to provide a local Arizona-based corporation to administer the contract. Cenpatico Behavioral Health, LLC, is a managed care subsidiary of Centene Corporation.

- Increase number of Behavioral Health Recipients to deliver Peer Support Services in Yuma/La Paz Counties.
- Increase the number of Family Support partners available to provide family support in Yuma/La Paz Counties
- Establish a Methamphetamine Center of Excellence in Yuma/La Paz Counties for children and adults.
- Establish crisis Living Room Center in Yuma in collaboration with Yuma Regional Hospital, Excel, and Crossroads programs.
- Establish medical detoxification services in Yuma in collaboration with Yuma Regional Hospital, Excel, and Crossroads programs.
- Increase number of Behavioral Health Recipients delivering Peer Support Services in Pinal/Gila Counties.
- Increase the number of Family Support partners available to provide family support in Pinal/Gila Counties.

- Establish a Methamphetamine Center of Excellence in Pinal/Gila Counties for both Children and Adults.

#### **Northern Arizona Regional Behavioral Health Authority (NARBHA)**

- Increase intensive outpatient services in a group setting throughout Northern Arizona while holding group size to a therapeutic 8 to 10 person maximum.
- Establish and/or expand social and medical detoxification including triage in Flagstaff to include crisis intervention, detoxification services, residential services, and a full range of substance abuse and chemical dependence outpatient services.
- Establish a new detoxification facility in the Winslow/Holbrook area of Northern Arizona.
- Establish a 12-bed chemical dependency residential treatment facility in Verde Valley.

#### **Community Partnership for Southern Arizona (CPSA)**

- Continue to participate in Methamphetamine Centers of Excellence project to enhance treatment outcomes of clients in Pima County.
- Continue self-help/peer support provided by family members and consumers, and continue training institutes for Peer, and Family Support Specialists.

#### **ValueOptions (VO)**

- Increase family involvement and family support by surveying providers, analyzing survey responses and preparing a plan to facilitate family involvement program.
- Continue and expand existing peer support services.
- Complete needs assessment for services for under-represented minority populations, analyze data, identify existing services, and establish need for expansion.
- Continue to participate in the Methamphetamine Center of Excellence project to enhance treatment outcomes of clients in Maricopa County.
- Monitor implementation of additional prescriber capacity, establish community standard for prescriber time, implement identified community standard/model, and re-analyze sufficiency of prescriber capacity.
- Develop substance abuse education for consumers and family members at all residential substance abuse provider agencies and IOP programs by reviewing existing materials already in use, establishing a work group to review materials and develop a general substance abuse training curriculum for family education, and implementing training.
- Plan, develop and implement the availability of buprenorphine prescribing for opiate abusers by analyzing the results from one established pilot practice.
- Maintain the number of provider-hired substance abuse treatment staff who will co-locate at all ValueOptions clinic sites where SMI clients are served.
- Analyze wait list data to determine sufficiency of residential beds for pregnant women and women with dependent children.
- Continue and expand supported housing for women and children.
- Increase the percentage of Latino clients enrolled in treatment.

### **Gila River Indian Community**

- Continue services of a doctor part time (specialties in addictions, geriatrics, and internal medicine, and has a Drug Addiction Treatment Act of 2000 waiver) to serve individuals in need of opioid abuse treatment by providing Subutex and/or Suboxone.
- Continue providing case management services for addicted clients living with AIDS.
- Continue purchase of off-reservation specialized residential services in Phoenix for pregnant and/or parenting substance abusing women.
- Continue the purchase of testing services on-reservation to support HIV/AIDS early intervention services.
- Participate in Methamphetamine Centers of Excellence project to improve outcomes for Gila River residents.

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### **Overview of Prevention System**

The ADHS contracts with T/RBHAs and Tribal Contractors to administer prevention services in the State. ADHS works in partnership with T/RBHA prevention coordinators and Tribal Contractors to set statewide direction for the application and advancement of prevention programs and practices through consultation, technical assistance, and training. Regional Behavioral Health Authorities (RBHAs) provide a full continuum of prevention services including all CSAP strategies through a network of specialized, community-based agencies serving residents of their regions. (See Goal 1)

DBHS has Intergovernmental Agreements (IGAs) with four Arizona Tribes to provide prevention services for Native Americans on the Navajo Nation, Colorado River Indian Tribes, Gila River Indian Community, and Pasqua Yaqui. Other tribes receive prevention services from the local RBHA. Native Americans who live in non-reservation communities access prevention services through the RBHA system in the same manner as other Arizona residents. T/RBHAs are responsible for the operation and coordination of the prevention service delivery network, including contracting and payment for prevention services, monitoring, and improving the effectiveness of services.

Prevention programs funded through the ADHS/DBHS decrease the prevalence and severity of behavioral health problems among populations that do not have a diagnosable behavioral health disorder. Prevention is accomplished by developing the strengths of individuals, families, and communities. Prevention in the DBHS system uses evidence based strategies and research on protective and risk factors as a basis for prevention efforts.

**GOAL # 2.** -- An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

## **2007 (Intended Use)**

### **OBJECTIVE:**

Maintain Block Grant budget and allocation controls to conform to the “20% prevention rule.”

### **ACTIVITIES:**

- (1) Monitor performance related to Block Grant requirements using existing reports and controls.
- (2) Conform to requirements in preparing contract allocation logs.
- (3) Oversee distribution of funds in contract.

### **OBJECTIVE:**

Enhance network capabilities to reduce risk factors associated with substance abuse, child abuse, and suicide.

### **ACTIVITIES:**

- (1) Continue implementation of social marketing and education campaign activities to increase awareness of the connections between substance abuse and suicide risk.
- (2) Develop an anti-stigma campaign to decrease the stigma associated with seeking help for behavioral health problems.
- (3) Facilitate a statewide prevention coalition for tribal prevention providers
- (4) Monitor RBHA implementation of needs assessment and targeting of underserved groups with high risk factors for suicide, substance abuse, and child abuse.
- (5) Develop new prevention services on under-served tribal reservations.

### **OBJECTIVE:**

Ensure prevention professionals meet State competency requirements as outlined in the revised Prevention Framework for Behavioral Health Services.

### **ACTIVITIES:**

- (1) Develop or facilitate provision of training related to the advanced and administrative levels of professional competencies as outlined in the revised Prevention Framework for Behavioral Health Services.
- (2) Provide or facilitate provision of trainings for providers in social marketing methods, cultural competency and adapting evidence-based practices for at-risk populations, environmental approaches, and leadership.
- (3) Provide training and technical assistance to providers serving Native American populations in logic model development, program evaluation, needs assessment, and methamphetamine prevention, evidence based practices, and culturally based programming.
- (4) Track professional competence via the annual evaluation report.
- (5) Monitor competency, supervision, and training of prevention providers via Regional Behavioral Health Authorities and the annual evaluation report.

**OBJECTIVE:**

Enhance the evaluation capabilities of programs contracted with the T/RBHAs.

**ACTIVITIES:**

- (1) Collect and compile National Outcome Measures from results of statewide evaluations.
- (2) Identify providers that need technical assistance around evaluation and provide training to them on collection of and communication about outcome data.
- (3) Produce and distribute an annual DBHS prevention system evaluation report.

**OBJECTIVE:**

Improve the quality of prevention program implementation.

**ACTIVITIES:**

- (1) Require and monitor provider compliance with CLAS standards 4-7.
- (2) Monitor provider compliance with the evidence-based guidelines for prevention developed by the Governor's Practice Improvement Committee.
- (3) Establish a schedule to conduct site visits to all providers over the course of two years, including the provision of written feedback to providers and T/RBHAs.
- (4) Monitor provider and RBHA involvement in coordination of local prevention services, using data from annual evaluation reports.



## **GOAL 2: FY 2007 INTENDED USE**

**OBJECTIVE: Maintain budget and allocation controls to conform to the “20% rule.”**

**ACTIVITIES:**

1. Monitor performance related to Block Grant requirements using existing reports and controls.
2. Conform to requirements in preparing contract allocation logs.
3. Oversee distribution of funds in contract.

**OBJECTIVE: Increase prevention program focus on prevention of underage drinking.**

**ACTIVITIES:**

1. Implement a conference on Underage Drinking for community coalitions and prevention providers.
2. Continue participation in the State Incentive Grant Advisory Committee and State Epidemiology Work Group.

**OBJECTIVE: Prepare the Arizona prevention system to report data related to National Outcome measures.**

**ACTIVITIES:**

1. Design a database for provider use
2. Create a master database for ADHS
3. Develop and provide training for providers in the evaluation and reporting process
4. Train RBHAs in methods of monitoring provider data reporting
5. Pilot test the new database and data reporting process with one provider.

**OBJECTIVE: Enhance provider capacity to serve target communities with a high prevalence of substance use and few prevention resources**

**ACTIVITIES:**

1. Develop a protocol for needs assessment which is consistent throughout all layers of the prevention system
2. Assess needs of the Maricopa County Native American community
3. Provide training for providers in the new needs assessment protocol
4. Develop a technical assistance document related to best practices in prevention with older adults
5. Continue to facilitate a statewide prevention coalition for tribal prevention providers
6. Participate in a state level committee to plan prevention training across the state

<b>Strategy</b>	<b>Activities/ Services to be provided</b>	<b>Target populations</b>	<b>Estimated number of persons to be served`</b>	<b>Location of services</b>
Public Information	Red and Blue Alert Program Resource information and sharing	Human Service providers	300	Maricopa County
Alternatives	Mentoring	Youth ages 6-15 Older Adults	2,400	Maricopa, Pima, La Paz, Navajo, and Yavapai Counties
	Personal and cultural development	Pascua Yaqui Youths Urban Native American youths	1,000	Pascua Yaqui Tribe Maricopa County
	Youth Leadership Programs	Teens Refugee teens Tohono O'Odham teens GLBT teens Latino, Apache, and Akimel O'Odham teens	350	Gila River Indian Community Pima, Graham, Greenlee, Santa Cruz, Gila, and Cochise County Graham County Tohono O'Odham Nation San Carlos Apache Tribe
Education	Embrace Life Summit	Native American Community Members and prevention providers	100	Northern Arizona
	Underage Drinking Prevention Conference Training	for prevention professionals and coalitions	200	Phoenix
	Training in problem identification and referral	Community members School staff People who interact with youths	800	Pascua Yaqui Tribe Gila River Indian Community San Carlos Apache Tribe Navajo Nation Coconino and Gila County
	Family support and education Programs	Refugee Families Parents of young children Parents of middle school students African American, Latino, and Apache parents Parents involved in churches Grandparents	4,000	Tucson Maricopa County Cochise County San Carlos Apache Tribe Coconino County Yavapai County
	Training in behavioral health and prevention issues	Child care providers Teachers	1,200	➤ Maricopa County ➤ Colorado River Indian Tribe
	Life skills development Programs	School aged youth Tohono O'Odham youth Older Adults African American youths Pascua Yaqui youths Latino youths Homeless youths Charter school students Akimel O'Odham youths Older adults with diabetes	20,000	Rural Pima County Tohono O'Odham Nation Gila River Indian Community Ak Chin Indian Community La Paz, Pinal Yuma, Maricopa Coconino, and Yavapai Counties
Community Mobilization	Community mobilization projects	Community members Schools Law enforcement Youths Medical professionals Public health Parents	1,500	Southern Arizona Tohono O'Odham Nation Pinal, Maricopa, La Paz, Yuma, Gila, Navajo, Apache, Yavapai, and Mohave Counties
Environmental Strategies				